1 Infant's information:

First name | Middle name | Last name

Sex ☐ Male ☐ Female | Date of Birth (Month / Day / Year) | Age (Months) | SS# ___-___-____

Race | Ethnicity | Is infant Spanish, Hispanic, or Latino? ☐ Yes ☐ No

Primary residence address:

Street | City | County | State | ZIP

Incident address:

Street | City | County | State | ZIP

2 Findings summary:

Event timeline	Date of event (Month / Day / Year)	Approx. time (Military time)	Parameters to report
a) Known injury to infant	/ /	:	How injured, where (e.g. automobile accident)
b) Placement of infant	/ /	:	By whom, where (e.g. crib)
c) Last known alive	/ /	:	By whom, where, how (e.g., was coughing, on sofa)
d) Found unresponsive or dead	/ /	:	By whom, where (e.g. crib)
e) Non-medical first response	/ /	:	By whom, relation to infant (e.g., John Smith, neighbor)
f) Emergency Medical Service (EMS) called	/ /	:	By whom (e.g., Jane Doe, mother1)
g) EMS arrived	/ /	:	Agency (e.g., Big City Hospital EMS)
h) Police arrived	/ /	:	Agency, officer name(s) (e.g., Big City PD)
i) Arrival of infant at hospital	/ /	:	Condition (e.g., DOA,CPR in progress)
j) Pronouncement of death	/ /	:	By whom (e.g., Dr. Jones, DOA or ER or in patient)
k) Death actually occurred	/ /	:	Where, how determined (e.g., hospital ER)
l) ME/Coroner /notified	/ /	:	By whom (e.g., Big City Detective John Jacks)
m) Primary residence investigation started	/ /	:	By whom, Investigating Agency (e.g., Big County Coroner, Bob Smith)
n) Other scene investigation started	/ /	:	By whom, Investigating Agency, type of place (e.g. daycare)
o) Next of kin notified	/ /	:	Who was notified, relation to infant (e.g., Harry Smith, biological father)
p) Referral for counseling	/ /	:	By whom, to whom (e.g., Big State SIDS Agency)

3 Brief description of circumstances:

(*example: found dead on sofa, face down*)

4 Index of SUIDIRF sections (*check if completed*):

A. Placer interview ☐
B. Last known alive interview ☐
C. Finder interview ☐
D. First responder information ☐
E. EMS interview ☐
F. Police interview ☐
G. Hospital information ☐
H. Pregnancy history ☐
I. Parental information ☐
J. Contact history ☐
K. Infant medical history ☐
L. Dietary and other information ☐
M. Immunization record ☐
N. Medications record ☐
O. Incident scene investigation ☐
P. Primary residence ☐
Q. Incident scene diagram ☐
R. Body diagram ☐
S. Informant contact ☐
T. Police and service encounters ☐
U. Materials collected log ☐
V. Narrative to pathologist ☐

A-1. FIRST PERSON INTERVIEWED

Infant's last name

First name

1 Information about the person who last placed the infant (the placer):

First name Last name

Sex ☐ Male ☐ Female Age Years Relationship to the infant e.g., Jane Smith, sister

2 Where you the person who last placed or put the infant down?

☐ Yes ☐ No → Who is this person? e.g., Jane Doe, Maid

3 Where you the person who last knew the infant to be alive?

☐ Yes ☐ No → Who is this person? e.g., Jane Doe, Maid

4 Where you the person who found the infant dead or non-responsive?

☐ Yes ☐ No → Who is this person? e.g., Jane Doe, Maid

5 Briefly describe the circumstances of what happened to the infant?

6 Was there anything unusual or different about the infant in the last 24 hours prior to death?

Section completed on ___/___/____ at ___:___ by

Where/How

1 **Information about the person who last placed the infant (the placer):**

First name 000 Last name 000

Sex 000 ☐ Male 000 ☐ Female Age 000 Years Relationship to the infant 000 e.g., Jane Smith, sister

2 **Is the placer the usual caregiver?**

000 ☐ Yes 000 ☐ No → Who was the usual caregiver? 000 e.g., Jane Doe, Maid

3 **On what date and at what approximate time was the infant last placed?** 000 Month / Day / Year at Military time

4 **Where was the infant placed?**

000 ☐ Crib 000 ☐ In a person's arms 000 ☐ Chair 000 ☐ Car seat 000 ☐ Stroller/carriage
000 ☐ Mattress on floor 000 ☐ Bassinette 000 ☐ Sofa/couch 000 ☐ Floor 000 ☐ Portable crib
000 ☐ Mattress on box spring 000 ☐ Swing 000 ☐ Waterbed 000 ☐ Playpen 000 ☐ Bedside co-sleeper
000 ☐ Mattress on box spring with head/foot board 000 ☐ Cradle 000 ☐ Other → Specify 000

5 **Was this the infant's usual sleep place?**

000 ☐ Yes 000 ☐ No → What was the usual sleep place? 000 e.g., crib in bedroom

6 **If the infant was placed on a mattress, what size was it?** 000

000 ☐ Crib/Toddler 000 ☐ Twin/Single 000 ☐ Full 000 ☐ Queen 000 ☐ King
000 ☐ Other → Specify 000

7 **How would you describe the surface on which the infant was placed?**

000 ☐ Soft 000 ☐ Moderately firm 000 ☐ Firm 000 ☐ Concave 000 ☐ Lumpy 000 ☐ In poor condition
Please, describe: 000 e.g., crib mattress covered with plastic sheet

8 **In what position was the infant placed?**

000 ☐ Sitting 000 ☐ On back (*supine*) 000 ☐ On stomach (*prone*) 000 ☐ On side 000 ☐ Unknown
000 ☐ Other → Specify 000

9 **Was this position the usual position in which the infant is placed?**

000 ☐ Yes 000 ☐ No → What was the usual position? 000 e.g., on stomach

10 **What was the position of the infant's face?**

000 ☐ To left 000 ☐ To right 000 ☐ Face down 000 ☐ Face up
Please, describe: 000

11 **Was anyone else sleeping with the infant?**

000 ☐ No 000 ☐ Yes → Name these people 000 e.g., mother

12 **What was the infant wearing?**

000 e.g., onsie and disposable diaper

13 **Was the infant swaddled or tightly wrapped?** 000 ☐ No 000 ☐ Yes → Describe 000 e.g., wrapped tightly with receiving blanket

14 **How many blankets were <u>over</u> the infant?**

000 ☐ number of blankets → Describe 000 e.g., one knitted blanket

15 **Describe any appliances or devices operating in the room:**

000 e.g. heating/cooling sources, humidifier, apnea monitor

16 **Describe any items within the infant's reach:**

000 e.g., pacifier, teddy bear

17 **Did the placer demonstrate the infant's position using a doll re-enactment?** 000 ☐ Yes 000 ☐ No

Section completed on ☐☐/☐☐/☐☐☐☐ at ☐☐:☐☐ by

Where/How

B. LAST KNOWN ALIVE INTERVIEW

Infant's last name

First name

1 **Information about the person who last saw, heard or knew the infant alive:**

First name 000 Last name 000

Sex 000 ☐ Male 000 ☐ Female Age 000 Years Relationship to the infant 000 e.g., Jane Smith, sister

2 **Is the person who last knew that the infant was alive a usual caregiver?**

000 ☐ Yes 000 ☐ No → Who was the usual caregiver? 000 e.g., Jane Doe, Maid

3 **On what day and at what approximate time was the infant last known alive?**

000 Month / Day / Year at 000 Military time

000 ☐ Date unknown 000 ☐ Time unknown

4 **Explain how that person knew that the infant was still alive:**

000 e.g., was coughing, saw infant's chest moving up and down

5 **Where was the infant located relative to where the person who last knew that the infant was alive located?**

Location of infant	Location of person who last knew the infant was alive
000 e.g., in upstairs bedroom	000 e.g., across hall in another bedroom

6 **Did the person who last knew the infant was alive demonstrate the infant's position using a doll re-enactment?**

000 ☐ Yes 000 ☐ No

7 **Does the information given by the person who last knew the infant was alive differ from the information given by the placer?**

000 ☐ No 000 ☐ Yes

↓

Detail any differences, inconsistencies or relevant information:

000 e.g., was placed on sofa in living room, was last known alive on chair in living room

Section completed on ☐☐/☐☐/☐☐☐☐ at ☐☐:☐☐ by

Where/How

C-1. FINDER INTERVIEW

Infant's last name

First name

1 Information about the person who found the infant dead or unresponsive:

First name Last name

Sex: ☐ Male ☐ Female Age (Years) Relationship to the infant e.g., Jane Smith, sister

2 Is the finder the usual caregiver?

☐ Yes ☐ No → Who was the usual caregiver? e.g., Jane Doe, Maid

3 On what date and at what approximate time was the infant found? Month / Day / Year at : Military time

4 When the infant was found was he/she: ☐ Dead ☐ Unresponsive ☐ Unknown

5 Was the infant known to be or presumed to be sleeping at time of death? ☐ Known ☐ Presumed ☐ Unknown

6 Where was the infant found?

☐ Crib ☐ In a person's arms ☐ Chair ☐ Car seat ☐ Stroller/carriage
☐ Mattress on floor ☐ Bassinette ☐ Sofa/couch ☐ Floor ☐ Portable crib
☐ Mattress on box spring ☐ Swing ☐ Waterbed ☐ Playpen ☐ Bedside co-sleeper
☐ Mattress on box spring with head/foot board ☐ Other → Specify

7 Was the surface where the infant was found different from the surface where he/she was placed?

☐ No
☐ Yes
☐ Unknown
→ Describe the surface: describe the material of surface (e.g., crib mattress covered with plastic sheet)

8 In what position was the infant found?

☐ Sitting ☐ On back (supine) ☐ On stomach (prone) ☐ On side ☐ Unknown
☐ Other → Specify

9 Was this the infant's usual position?

☐ Yes ☐ No → What was the usual position? e.g., on stomach

10 What was the position of the infant's face?

☐ To left ☐ To right ☐ Face down ☐ Face up
Please, describe:

11 What was the position of the infant's neck?

☐ Hyperextended (*head back*) ☐ Flexed (*chin to chest*) ☐ Normal ☐ Unknown
☐ Other → Specify

12 Was the infant swaddled or tightly wrapped?

☐ No ☐ Yes → Describe e.g., wrapped tightly with receiving blanket

13 Please describe each layer of bedding both over and under the infant (*not including* blankets used to wrap or swaddle):

Bedding ***under*** infant	None	Number
Receiving blankets	☐	
Infant/child blankets	☐	
Infant/child comforters (*thick*)	☐	
Adult comforters/duvets	☐	
Adult blankets	☐	
Sheets	☐	
Sheepskin	☐	
Pillows	☐	
Rubber or plastic sheet	☐	
Other	☐	

Specify: describe material near infants face, nose and mouth (e.g., fleece, fluffy)

Bedding ***over*** infant	None	Number
Receiving blankets	☐	
Infant/child blankets	☐	
Infant/child comforters (*thick*)	☐	
Adult comforters/duvets	☐	
Adult blankets	☐	
Sheets	☐	
Pillows	☐	
Other	☐	

Specify: describe material near infants face, nose and mouth (e.g., fleece, fluffy)

Section C continued on the next page

Section C continues here

14 **Was anyone else sleeping with the infant?**

☐ No ☐ Yes → Name these people e.g., mother

15 **What was the infant wearing? (***please detail all items that the infant was wearing***)**

e.g., onsie and disposable diaper

16 **Describe any appliances or devices operating in the room: (***e.g. heating/cooling sources, humidifier, apnea monitor***)**

17 **Describe any items within the infant's reach: (***e.g., pacifier, teddy bear, positional supports or wedges to keep on side***)**

18 **Were there any objects or persons in contact with the infant's face, nose or mouth when the infant was found unresponsive? (***e.g., bottles, infant pillows, bumper pads, toys, positional supports***)**

☐ Yes ☐ No → Skip to question **20** below

19 **Please describe all objects or persons in contact with the infant's face, nose or mouth:**

	Describe the object(s) or person(s)	Describe the position of the object or person in relation to the infant.
1)		
2)		
3)		
4)		

20 **When the infant was found was there evidence of wedging?**

☐ No ☐ Yes → Describe e.g. between the wall and bed or mattress and head/footboard of bed

21 **What did the infant look like when he/she was found unresponsive? (***check all that apply***)**

	No	Yes	Specify
a) Coloring around the face, nose, and mouth	☐	☐ →	
b) Secretions coming from nose or mouth	☐	☐ →	
c) Skin discoloration (*such as livor mortis, specify*)	☐	☐ →	
d) Pale areas around nose or mouth	☐	☐ →	
e) Petechiae (*small reddish blood spots on skin, membranes or eyes*)	☐	☐ →	
f) Other	☐	☐ →	e.g., scratch on nose
g) Unknown		☐	

22 **What did the infant's body feel like when found unresponsive at the scene? (***check all that apply***)**

☐ Sweaty ☐ Cooler than usual ☐ Unknown
☐ Warm to touch ☐ Limp, flexible ☐ Other
☐ Cool to touch → Specify

23 **How did the finder describe the temperature of the room where the infant was found unresponsive?**

☐ Warmer than usual ☐ Unknown
☐ Normal room temperature ☐ Other
☐ Cooler than usual → Specify

24 **Did the finder demonstrate the infant's position using a doll re-enactment?** ☐ Yes ☐ No

25 **Does the information given by the finder differ from the information given by either the placer or the person who last knew that the infant was alive?**

☐ No ☐ Yes → Detail any differences and/or inconsistencies: e.g., was placed on sofa in living room, was last known alive on chair in living room, was found in crib in bedroom

Section completed on __/__/____ at __:__ by

Where/How

1 **Were resuscitative efforts (*e.g. CPR*) initiated by someone other than EMS, Police, or Fire (*e.g. father, mother, caregiver*)?**

000 ☐ No ⟶ STOP

000 ☐ Yes

2 **What is the name of person who gave the first resuscitative efforts?**

First name 000 Last name 000

3 **What is his/her relationship to deceased infant?** 000 e.g., Jane Smith, sister

4 **On what day and at what approximate time were the first resuscitative efforts given?**

000 Month / Day / Year at Military time :

000 ☐ Unknown

5 **Describe what was done as part of the resuscitative efforts:**

000 e.g., pushed on chest and breathed into mouth and nose

6 **What did the infant look like when the first resuscitative efforts were initiated? (*check all that apply*)**

	No	Yes	Specify
a) Coloring around the face, nose, and mouth	000 ☐	000 ☐ ⟶	000
b) Secretions coming from nose or mouth	000 ☐	000 ☐ ⟶	000
c) Skin discoloration (*such as livor mortis, specify*)	000 ☐	000 ☐ ⟶	000
d) Pale areas around nose or mouth	000 ☐	000 ☐ ⟶	000
e) Petechiae (*small reddish blood spots on skin, membranes or eyes*)	000 ☐	000 ☐ ⟶	000
e) Other	000 ☐	000 ☐ ⟶	000 e.g., scratch on nose
f) Unknown		000 ☑	

7 **What did the infant feel like when the first resuscitative efforts were initiated? (*check all that apply*)**

000 ☐ Sweaty

000 ☐ Warm to touch

000 ☐ Cool to touch

000 ☐ Rigid, stiff

000 ☐ Limp, flexible

000 ☐ Other ⟶ Specify 000

000 ☐ Unknown

E-1. EMS INTERVIEW
Infant's last name
First name

1 **Was 911 called when the infant was found unresponsive?**
☐ Yes ☐ No → **STOP**

2 **Information about the person who called 911:**
First name ____ Last name ____ Relationship to the infant ____ e.g., Jane Smith, sister

3 **On what day and at what approximate time did EMS arrive at the scene?** ____/____/____ at ____:____
Month / Day / Year / Military time

4 **Where was the infant when EMS arrived at the scene? (***e.g., crib, arms of caregiver***)**
____

5 **What was the infant's position when EMS arrived at scene?**
☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Arms of caregiver
☐ Unknown ☐ Other → Specify ____

6 **What was the position of infant's face when EMS arrived at scene?**
☐ To left ☐ To right ☐ Face down ☐ Face up
Please, describe: ____

7 **What was the position of the infant's neck?**
☐ Hyperextended (*head back*) ☐ Flexed (*chin to chest*) ☐ Normal ☐ Unknown
☐ Other → Specify ____

8 **What did the infant look like when EMS arrived at the scene? (***check all that apply***)**

	No	Yes	Specify
a) Coloring around the face, nose, and mouth	☐	☐ →	
b) Secretions coming from nose or mouth	☐	☐ →	
c) Skin discoloration (*such as livor mortis, specify*)	☐	☐ →	
d) Pale areas around nose or mouth	☐	☐ →	
e) Petechiae (*small reddish blood spots on skin, membranes or eyes*)	☐	☐ →	
f) Notable trauma	☐	☐ →	
g) Other	☐	☐ →	e.g., scratch on nose
h) Unknown		☐	

9 **What did the infant feel like when EMS arrived at the scene?**
☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Rigid, stiff ☐ Limp, flexible
☐ Unknown ☐ Other → Specify ____

10 **How did EMS describe the temperature of the room where the infant was found unresponsive by the finder?**
☐ Hot ☐ Okay ☐ Cold
☐ Unknown ☐ Other → Specify ____

11 **Did EMS personnel administer resuscitative efforts?**
☐ Yes ☐ No → Skip to question **16** on next page

12 **What emergency medical treatments were given? (***check all that were done***)**
☐ CPR ☐ IV/IO Access ☐ Gastric Tube ☐ Infant immobilized
☐ Medications ☐ Intubation ☐ Electric shock
☐ Other → Specify ____

Section E continued on the next page

Section E continues here

13 List all emergency medications given to the infant:

	Name of medication	Dose	Route	Approx. time (Military time)
Medication 1				:
Medication 2				:
Medication 3				:
Medication 4				:
Medication 5				:
Medication 6				:
Medication 7				:

More medications ..... List all additional medications

14 Describe the nature and duration of resuscitation efforts and treatments
(*Note any injuries sustained by infant in resuscitative efforts conducted by emergency personnel***).**
Attach EMS run report/sheet.

15 At what date and approximate time were the resuscitative efforts terminated:

Month / Day / Year at Military time : :

☐ Not terminated by EMS

16 What was the name of the authorizing medical control physician?

First name Last name

17 Please describe the reaction of the caregiver(s) to the infant's death:

18 What was EMS's disposition of the infant?

☐ Left at scene
☐ Transported to hospital ⟶ Specify Hospital name and physician received the infant
☐ Other ⟶ Specify

19 Additional comments from the EMS personnel: (*describe only concerns with scene or what happened***)**

Section completed on / / at by
Where/How

F. POLICE INTERVIEW

Infant's last name

First name

1 **Were the police called to the scene?**

000 ☐ Yes 000 ☐ No → **STOP**

2 **On what day and at what approximate time did the police arrive at the scene?**

000 Month / Day / Year at Military time :

3 **What did the infant look like when the police arrived at the scene? (***check all that apply***)**

	No	Yes	Specify
a) Coloring around the face, nose, and mouth	000 ☐	000 ☐ →	000
b) Secretions coming from nose or mouth	000 ☐	000 ☐ →	000
c) Skin discoloration (*such as livor mortis, specify*)	000 ☐	000 ☐ →	000
d) Pale areas around nose or mouth	000 ☐	000 ☐ →	000
e) Petechiae (*small reddish blood spots on skin, membranes or eyes*)	000 ☐	000 ☐ →	000
f) Other	000 ☐	000 ☐ →	000 e.g., scratch on nose
g) Unknown	000 ☐		

4 **How did the infant feel when the police arrived at scene?**

000 ☐ Sweaty 000 ☐ Warm to touch 000 ☐ Cool to touch 000 ☐ Rigid, stiff 000 ☐ Limp, flexible

000 ☐ Unknown 000 ☐ Other → Specify 000

5 **Describe what the scene looked like when the police arrived at the scene:**

000

6 **Describe what the police did at the scene:**

000

7 **Describe the reaction of the placer(s), last known alive person(s), and the finder(s) to the infant's death:**

000

8 **Are there any known prior interactions of this family with the police?**

000 ☐ Unknown

000 ☐ No

000 ☐ Yes → Specify 000 e.g., previous domestic disturbance

9 **Describe the parent(s)' reaction to the infant's death, if they are different from the person(s) who found the infant:**

000 ☐ Parent(s) same as finder(s)

000 ☐ Parent(s) different from finder(s) (*Specify below*)

→ reaction 000

10 **Describe the reactions of key witnesses to infant's death:**

000 ☐ No witnesses

	Witness 1	Witness 2
a) Name	000 First name 000 Last name	000 First name 000 Last name
b) Reaction	000	000
c) Prior police involvement with this person	000 ☐ Yes → Describe: 000 ☐ No	000 ☐ Yes → Describe: 000 ☐ No

11 **Where was the deceased infant's body sent ? (***i.e., disposition of the infant***)**

000 ☐ Left with caregiver 000 ☐ Morgue 000 ☐ Other → Specify 000

000 ☐ Hospital 000 ☐ Pathologist

Section completed on / / at : by

Where/How

G. HOSPITAL INFORMATION

Infant's last name

First name

1 **On what day and at what approximate time did the infant arrive at the hospital?**

Month / Day / Year at Military time :

2 **Name of hospital:**

3 **Name of physician responsible for treatment at hospital:**

First name Last name

4 **What did the infant look like upon arrival at the hospital? (*check all that apply*)**

	No	Yes	Specify
a) Coloring around the face, nose, and mouth	☐	☐	→
b) Secretions coming from nose or mouth	☐	☐	→
c) Skin discoloration (*such as livor mortis, specify*)	☐	☐	→
d) Pale areas around nose or mouth	☐	☐	→
e) Retinal hemorrhages	☐	☐	→
f) Cutaneous petechiae	☐	☐	→
g) Bruising or other injury	☐	☐	→
h) Suspicion of inflicted trauma	☐	☐	→
i) Other	☐	☐	→ e.g., scratch on nose
j) Unknown	☐		

5 **How did the infant feel upon arrival at the hospital?**

☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Rigid, stiff ☐ Limp, flexible

☐ Unknown ☐ Other → Specify

6 **List all treatments administered to the infant at the hospital:**

	Name	Approx. time Military Time	Outcome
Treatment 1		:	
Treatment 2		:	
Treatment 3		:	
Treatment 4		:	
Treatment 5		:	

7 **Describe the caregiver's or parents' reaction to the infant's death:**

8 **Were there any additional comments or observations made by hospital staff?**

☐ No

☐ Yes (*Specify below*) →

Section completed on / / at : by

Where/How

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

H. PREGNANCY HISTORY

Infant's last name

First name

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

1 Information about the infant's biological mother:

First name Last name

Middle name Maiden name

Date of birth (Month / Day / Year) SS# - -

Current address:

Street City State ZIP -

How long has the biological mother been a resident at this address? Years and Months Previous residency: City State

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

2 When did the biological mother begin prenatal care?

Weeks ☐ No prenatal care
Months ☐ Unknown
→ Skip question **4** below

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

3 Where did the biological mother receive prenatal care? (*Please specify physician or other health care provider name and address*)

Physician/ Provider Hospital/ Clinic Phone ( )

Address:

Street City State ZIP -

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

4 During her pregnancy with the infant did the biological mother have any complications?
(*e.g., high blood pressure, bleeding, gestational diabetes*)

☐ No ☐ Yes → Specify

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

5 Was the biological mother injured during her pregnancy with the infant?

☐ No ☐ Yes → Specify

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

6 How many pregnancies and live births has the biological mother had?

Number of pregnancies Number of live births

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

7 During her pregnancy with the infant, which of the following did the biological mother use?

	Unknown	No	Yes	Specify
a) Herbal remedies	☐	☐	☐	
b) Over the counter medications	☐	☐	☐	
c) Prescription medications	☐	☐	☐	
d) Cigarettes	☐	☐	☐	average number cigarettes per day
e) Alcoholic beverages	☐	☐	☐	average number alcoholic drinks per day
f) More than 5 alcoholic drinks in one sitting	☐	☐	☐	number of times
g) Marijuana (*grass, pot, weed, dope*)	☐	☐	☐	
h) Cocaine (*crack, rock, coke, crank, zip*)	☐	☐	☐	
i) Heroin (*brown sugar, H Henry, horse, junk, smack*)	☐	☐	☐	
j) Methamphetamine (*chalk, crystal, meth, quick*)	☐	☐	☐	
k) Other	☐	☐	☐	

Section completed on / / at : by

Where/How

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

I-1. PARENTAL INFORMATION

Infant's last name

First name

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

1 Information about infant's mother:

First name | Last name

Middle name | Maiden name

Date of birth (Month / Day / Year) | SS# - -

Current address:

Street | City | State | ZIP -

How long has the mother been a resident of this state? Years and Months | Previous residency: City | State

Has the mother ever lived in states other than this one? ☐ No ☐ Yes → List all previous states:

Is this the infant's biological mother? ☐ Yes → Skip to question **3** below
☐ No → Relationship to the infant (e.g., adoptive, foster, aunt, father's girlfriend)

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

2 Information about infant's *biological* mother:

First name | Last name

Middle name | Maiden name

Date of birth (Month / Day / Year) | SS# - -

Current address:

Street | City | State | ZIP -

How long has the *biological* mother been a resident of this state? Years and Months

Previous residency: City | State

Has the *biological* mother ever lived in states other than this one?

☐ No ☐ Yes → List all previous states:

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

3 Information about infant's father:

First name | Middle name | Last name

Date of birth (Month / Day / Year) | SS# - -

Current address:

Street | City | State | ZIP -

How long has the father been a resident of this state? Years and Months | Previous residency: City | State

Has the father ever lived in states other than this one? ☐ No ☐ Yes → List all previous states:

Is this the infant's biological father? ☐ Yes → Skip to question **5** on next page
☐ No → Relationship to the infant (e.g., adoptive, foster, uncle, mother's boyfriend)

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

4 Information about infant's *biological* father:

First name | Middle name | Last name

Date of birth (Month / Day / Year) | SS# - -

Current address:

Street | City | State | ZIP -

How long has the *biological* father been a resident of this state? Years and Months

Previous residency: City | State

Has the *biological* father ever lived in states other than this one?

☐ No ☐ Yes → List all previous states:

Section I continued on the next page

Section I continues here

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

5 Information about the infant's other primary caregivers:
(*e.g., babysitter while parents are at work***)**

000 ☐ No other caregivers

First name | Last name | Middle name

Maiden name (*if applicable*) | Relationship to infant

Date of birth (Month / Day / Year) | SS# ___-___-____

Current address:

Street | City | State | ZIP

How long has the primary caregiver been a resident of this state? Years and Months

Previous residency: City | State

Has the primary caregiver ever lived in states other than this one?

☐ No ☐ Yes → List all previous states:

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

6 Information about the infant's other primary caregivers:
(*e.g., babysitter while parents are at work***)**

First name | Middle name | Last name

Maiden name (*if applicable*) | Relationship to infant

Date of birth (Month / Day / Year) | SS# ___-___-____

Current address:

Street | City | State | ZIP

How long has the primary caregiver been a resident of this state? Years and Months

Previous residency: City | State

Has the primary caregiver ever lived in states other than this one?

☐ No ☐ Yes → List all previous states:

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

7 Information about the infant's other primary caregivers:
(*e.g., babysitter while parents are at work***)**

First name | Middle name | Last name

Maiden name (*if applicable*) | Relationship to infant

Date of birth (Month / Day / Year) | SS# ___-___-____

Current address:

Street | City | State | ZIP

How long has the primary caregiver been a resident of this state? Years and Months

Previous residency: City | State

Has the primary caregiver ever lived in states other than this one?

☐ No ☐ Yes → List all previous states:

J-1. CONTACT HISTORY

Infant's last name

First name

1 **Identify all persons who were in contact with the infant in the 24 hours prior to the infant's death: (***in contact means being the same room with the infant or living in/ staying in/ visiting the infant's primary residence***)**

Please answer the following questions for up to four persons, who were in contact with the infant	Person 1	Person 2	Person 3	Person 4
a) First name of person				
b) Last name of person				
c) Maiden name (*if applicable*)				
d) Relationship to infant				
Most recent home address				
e) Street				
f) City				
g) State				
h) Age (*years or months if <2 years*)				
i) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
j) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
k) Approximate time of last contact with the infant	: Military time	: Military time	: Military time	: Military time
l) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
m) For those persons who are less than 18 years old, please describe their general health				
n) For persons biologically related to the infant (*d above*) are there any known conditions that run in the family?	☐ Not applicable ☐ No ☐ Yes	☐ Not applicable ☐ No ☐ Yes	☐ Not applicable ☐ No ☐ Yes	☐ Not applicable ☐ No ☐ Yes
o) Has this person experienced the death of any of their own children or of any other children while in their care?	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
I) Child's name				
II) Relationship to caregiver				
III) Date of death	Month / Day / Year	Month / Day / Year	Month / Day / Year	Month / Day / Year
IV) Child's age at death (*years or months if <2 years*)				
V) Cause of death				
VI) Place of death (*city, state*)				

If more than 4 persons were in contact with the infant in the 24 hours prior to the infant's death use additional page(s)

Section J continued on the next page

Section J continues here

2 **Did the infant visit a location with large number of people in the 24 hours prior to the death?**

☐ Yes ☐ No → Skip to question **4** below

3 **How many people were at that location?**

Number of people

4 **Did the infant visit a daycare in the 24 hours prior to the death?**

☐ Yes ☐ No → Skip to question **9** below

5 **How many adults were supervising the children?**

Number of adults (*18 years or older*)

6 **Were any of these adults sick?**

☐ No ☐ Yes → Please complete J-1 or JS for that person(s)

7 **How many children were under the care of the provider at that day?**

Number of children (*under 18 years old*)

8 **Identify any children in daycare who were sick and were in contact or close proximity to the infant in the 24 hours prior to the death:**

Please answer the following questions for up to four children, who were in contact with the infant	Child 1	Child 2	Child 3	Child 4
a) First name of child				
b) Last name of child				
c) Age (*years or months if <2 years*)				
d) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
e) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
f) Approximate time of last contact with the infant	: Military time	: Military time	: Military time	: Military time
g) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
h) Please describe their general health				
i) Any unusual conditions for this child? (*if "Yes" describe the conditions below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes

If more than 4 children use supplement pages

9 **Are there any factors, circumstances, or environmental concerns that the caregiver is aware of that the infant was exposed? (***e.g., mother smoke while breast feeding, exposed to a large number of people at church or a public event, air travel***)**

☐ No ☐ Yes → Describe below:

Section completed on ___/___/_____ at ___:___ by

Where/How

K-1. INFANT MEDICAL HISTORY

Infant's last name

First name

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph..... Physician
HR..... Health records
O ..... Other (specify)

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

1 In the 72 hours prior to death, was the infant acting different than usual?

☐ No ☐ Yes ⟶ Describe how the infant acted differently:

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

2 In the 72 hours prior to the infant's death, did the infant have:

	Unknown	No	Yes
a) Fever	☐	☐	☐
b) Excessive sweating	☐	☐	☐
c) Lethargy or sleeping more than usual	☐	☐	☐
d) Fussiness or excessive crying	☐	☐	☐
e) Decrease in appetite	☐	☐	☐
f) Vomiting	☐	☐	☐
g) Choking	☐	☐	☐
h) Diarrhea	☐	☐	☐
i) Stool changes	☐	☐	☐
j) Difficulty breathing	☐	☐	☐
k) Apnea (*stopped breathing*)	☐	☐	☐
l) Cyanosis (*turned blue/gray*)	☐	☐	☐
m) Seizures or convulsions	☐	☐	☐
n) Other	☐	☐	☐

Comments

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

3 In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?

☐ No ☐ Yes ⟶ Please describe:

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

4 At any time in the infant's life did s/he have a history of:

	Unknown	No	Yes
a) Allergies (*food, medication, or other*)	☐	☐	☐
b) Abnormal growth or weight gain	☐	☐	☐
c) Apnea (*stopping breathing*)	☐	☐	☐
d) Cyanosis (*turned blue/gray*)	☐	☐	☐
e) Seizures or convulsions	☐	☐	☐

Comments

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

5 Describe up to 3 most recent times that the infant was seen by a physician or health care provider:
(*Include ER visits, clinic visits, hospital admissions, and observational stays***)**

Please answer the questions for up to 3 ***most recent*** *hospital visits*	First most recent visit	Second most recent visit	Third most recent visit
a) Physician name			
b) Hospital/clinic			
c) Street			
d) City			
e) State, ZIP			
f) Phone number	( )	( )	( )
g) Date	Month / Day / Year	Month / Day / Year	Month / Day / Year
h) Reason for visit			
i) Outcome of visit			

Section K continued on the next page

K-2. INFANT MEDICAL HISTORY

Infant's last name

First name

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

6 Infant healthcare provider:

First name Last name

Phone ( ) -

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

7 Birth hospital name:

Street

City State ZIP -

Date of discharge / / (Month / Day / Year)

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

8 What was the infant's length and weight at birth?

Inches or cm

lbs ozs or grams

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

9 Compared to due date, was the infant born on time, early, or late?

☐ On time

☐ Early → How many weeks early?

☐ Late → How many weeks late?

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

10 Did the infant have any congenital abnormalities or birth defect(s)?

☐ No ☐ Yes → Describe the congenital anomalies or birth defect(s):

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

11 Was the infant a singleton birth, twin, triplet, or quadruplet or higher gestation?

☐ Singleton birth ☐ Triplet

☐ Twin ☐ Quadruplet or higher gestation

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

12 Were there any complications during delivery or at birth?

☐ No ☐ Yes → Describe complications during delivery or at birth:

Source of information ☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

13 Are there any alerts to pathologist?

☐ No ☐ Yes → Specify:

L. DIETARY AND OTHER INFORMATION

Infant's last name

First name

1 **On what day and at what approximate time was the infant last fed?**

Month / Day / Year — Military time (:)

2 **What is the name of person who last fed the infant?**

First name Last name

3 **What is his/her relationship to deceased infant?**

4 **What foods and liquids was the infant fed in last 24 hours?**

	Unknown	No	Yes	Quantity	Specify
a) Breast milk					One/both sides, number of times
b) Formula					Brand, water source (e.g., Similac, tap water)
c) Water					Brand, bottled, tap, well
d) Other liquids (*e.g. teas, juices*)					
e) Solids					
f) Other					

5 **What foods and liquids was the infant last fed?**

	Unknown	No	Yes	Quantity	Specify
a) Breast milk					One/both sides
b) Formula					Brand, water source (e.g., Similac, tap water)
c) Water					Brand, bottled, tap, well
d) Other liquids (*e.g. teas, juices*)					
e) Solids					
f) Other					

6 **Was the infant placed to sleep with a bottle?**

☐ Yes ☐ No → Skip to question **8** below

7 **Was the bottle propped?**

☐ Yes ☐ No

8 **Was the last meal different from what the infant had in the 24 hours prior to his/her death?**

☐ Yes ☐ No

Describe differences (*e.g. content, amount, change in formula***)**

9 **Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified? (***e.g., exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with bottles or toys, placed with positional supports or wedges***)**

☐ Yes ☐ No

Describe any factors, circumstances, or environmental concerns

Section completed on / / at by

Where/How

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

M. IMMUNIZATION RECORD

Infant's last name

First name

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

1 Has the infant ever received immunizations or shots?

000 ☐ Yes 000 ☐ No→ STOP

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

2 Please list all of the immunizations the infant has ever been given, beginning with the most recent:

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

	Name of immunization (shot)	Date given Month / Day / Year	Approx. time Military Time	Comments
Immunization 1		/ /	:	
Immunization 2		/ /	:	
Immunization 3		/ /	:	
Immunization 4		/ /	:	
Immunization 5		/ /	:	
Immunization 6		/ /	:	
Immunization 7		/ /	:	
Immunization 8		/ /	:	
Immunization 9		/ /	:	
Immunization 10		/ /	:	
Immunization 11		/ /	:	
Immunization 12		/ /	:	
Immunization 13		/ /	:	
Immunization 14		/ /	:	

Section completed on / / at : by

Where/How

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

N. MEDICATIONS RECORD

Infant's last name

First name

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

1 **In the 72 hours prior to the infant's death, was the infant given any medications (*please include any home remedies, prescription medicines, over-the-counter medications*)**

000 ☐ Yes 000 ☐ No → STOP

Source of information
☐BP ☐GP ☐AP ☐Ph ☐HR ☐O→

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

2 **Please list all of the medications the infant was given in the 72 hours prior to his or her death (*please include any home remedies, prescription medicines, over-the-counter medicines*):**

	Name of medication	Dose last given	Date last given (Month / Day / Year)	Approx. time (Military Time)	Comments
Medication 1.....	000	000	000 / /	000 :	000
Medication 2.....	000	000	000 / /	000 :	000
Medication 3.....	000	000	000 / /	000 :	000
Medication 4.....	000	000	000 / /	000 :	000
Medication 5.....	000	000	000 / /	000 :	000
Medication 6.....	000	000	000 / /	000 :	000
Medication 7.....	000	000	000 / /	000 :	000
Medication 8.....	000	000	000 / /	000 :	000
Medication 9.....	000	000	000 / /	000 :	000
Medication 10....	000	000	000 / /	000 :	000
Medication 11....	000	000	000 / /	000 :	000
Medication 12....	000	000	000 / /	000 :	000
Medication 13....	000	000	000 / /	000 :	000
Medication 14....	000	000	000 / /	000 :	000

Section completed on ☐☐/☐☐/☐☐☐☐ at ☐☐:☐☐ by

Where/How

1 **If other than English, indicate the preferred spoken language at the site of the incident or death scene:**

2 **How many people live at the site of the incident or death scene?**

Number of adults (*18 years or older*) Number of children (*under 18 years old*)

3 **Is the site of the incident or death scene a daycare or other childcare setting?**

☐ Yes ☐ No → Skip to question **7** below

4 **How many children were under the care of the provider at the time of the incident or death?**

Number of children (*under 18 years old*)

5 **How many adults were supervising the child(ren)?**

Number of adults (*18 years or older*)

6 **What is the license number and licensing agency for the daycare?**

License number: Agency:

7 **What is the general appearance of the site of the incident or death scene (***e.g., cleanliness, hazards, overcrowding, etc.***)?**

8 **What type of building is the site of the incident or death scene?**

☐ Apartment ☐ Multifamily home ☐ Institution (*e.g., hospital, shelter*)
☐ Single family house ☐ Mobile home ☐ Other → Specify

9 **How many stories does the site of the incident or death scene building have?**

Number of stories

10 **Indicate the number of rooms at the site of the incident or death scene:**

Bedroom(s) Separate dining room(s) Bathroom(s) Other
Living room(s) Kitchen(s) Garage(s) → Specify

11 **Were there any heating or cooling sources in use at the site of the incident or death scene?**

☐ Yes ☐ No → Skip to question **13** below

12 **Which of the following heating or cooling sources were being used? (***check all that apply***)**

☐ Central air ☐ Gas furnace or boiler ☐ Wood burning fireplace ☐ Open window(s)
☐ A/C window unit ☐ Electric furnace or boiler ☐ Coal burning furnace ☐ Wood burning stove
☐ Ceiling fan ☐ Electric space heater ☐ Kerosene space heater
☐ Floor/ table fan ☐ Electric baseboard heat ☐ Other → Specify
☐ Window fan ☐ Electric (radiant) ceiling heat ☐ Unknown

13 **Indicate the temperature of the room where infant was found unresponsive:**

Thermostat setting at the time of the investigation
Thermostat reading at the time of the investigation
Actual room temperature at the time of the investigation (*Investigator should use his or her own thermometer*)
Outside temperature on day infant found unresponsive (*check local news, 888-271-4800, http://www.nws.noaa.gov/oa/ncdc*)

14 **The site of the incident or death scene has: (***check all that apply***)**

☐ Odors or fumes ☐ Mold growth ☐ Insects
☐ Smoky smell (*like cigarettes*) ☐ Pets ☐ Presence of alcohol containers
☐ Dampness ☐ Peeling paint ☐ Presence of drug paraphernalia
☐ Visible standing water ☐ Rodents or vermin ☐ Other → Specify

15 **What was the source of drinking water at the site of the incident or death scene? (***check all that apply***)**

☐ Public/ Municipal water source ☐ Bottled water ☐ Other → Specify
☐ Well ☐ Unknown

Section O continued on the next page

Section O continues here

16 List all living animals (pets) that were in or had access to the immediate environment where the infant was found:

000 ☐ No animals

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
a) Type of animal (*e.g. cat, dog*)	000	000	000	000	000
b) Approximate weight of animal (*lbs.*)..	000	000	000	000	000
c) Animal had access to the room where the infant was found	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No
d) Animal was found sleeping by the infant.....	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No
e) Animal is known to sometimes sleep by the infant	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No	000 ☐ Yes 000 ☐ No

17 Are there any factors, circumstances, or environmental concerns about incident scene investigation that may have impacted the infant that have not yet been identified?

000 ☐ No 000 ☐ Yes

Describe any factors, circumstances, or environmental concerns

000 e.g., exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, etc.

Section completed on ☐☐/☐☐/☐☐☐☐ at ☐☐ ☐☐ by

Where/How

Complete this form only if the scene of the incident or death scene is *different* from the primary residence.

P. PRIMARY RESIDENCE
Infant's last name
First name

1 **If other than English, indicate the preferred spoken language at the infant's primary residence:**

2 **How many people live at the infant's primary residence?**

Number of adults (*18 years or older*) Number of children (*under 18 years old*)

3 **What is the general appearance of the infant's primary residence (*e.g., cleanliness, hazards, overcrowding, etc.*)?**

4 **What type of building is the primary residence?**

☐ Apartment ☐ Multifamily home ☐ Institution (*e.g., hospital, shelter*)
☐ Single family house ☐ Mobile home ☐ Other → Specify

5 **How many stories does the primary residence have?**

Number of stories

6 **Indicate the number of rooms at the infant's primary residence:**

Bedroom(s) Separate dining room(s) Bathroom(s) Other
Living room(s) Kitchen(s) Garage(s) → Specify

7 **Were there any heating or cooling sources in use at the infant's primary residence?**

☐ Yes ☐ No → Skip to question **9** below

8 **Which of the following heating or cooling sources were being used? (*check all that apply*)**

☐ Central air ☐ Gas furnace or boiler ☐ Wood burning fireplace ☐ Open window(s)
☐ A/C window unit ☐ Electric furnace or boiler ☐ Coal burning furnace ☐ Wood burning stove
☐ Ceiling fan ☐ Electric space heater ☐ Kerosene space heater
☐ Floor/ table fan ☐ Electric baseboard heat ☐ Other → Specify
☐ Window fan ☐ Electric (radiant) ceiling heat ☐ Unknown

9 **The infant's primary residence has: (*check all that apply*)**

☐ Odors or fumes ☐ Mold growth ☐ Insects
☐ Smoky smell (*like cigarettes*) ☐ Pets ☐ Presence of alcohol containers
☐ Dampness ☐ Peeling paint ☐ Presence of drug paraphernalia
☐ Visible standing water ☐ Rodents or vermin ☐ Other → Specify

10 **What was the source of drinking water at the infant's primary residence? (*check all that apply*)**

☐ Public/ Municipal water source ☐ Bottled water ☐ Other → Specify
☐ Well ☐ Unknown

11 **List all living animals (pets) that had access to the immediate environment of the infant:**

☐ No animals

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
a) Type of animal (*e.g. cat, dog*)					
b) Approximate weight of animal (*lbs.*)..					
c) Animal had access to the room where the infant was found	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d) Animal was found sleeping by the infant.....	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e) Animal is known to sometimes sleep by the infant	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Section completed on __/__/____ at __:__ by

Where/How

Q. INCIDENT SCENE DIAGRAM

Infant's last name

First name

1 **Draw the following on the scene diagram**
(*For people and objects, give the name, show location, show position***)**

a) Room dimensions and North Direction

b) Crib or bed

c) Infant's position when found

d) Those sharing the same sleeping surface

e) Furniture and other objects in room

f) Heating and cooling sources

g) Items in contact with the infant

Section completed on ___/___/____ at ___:___ by

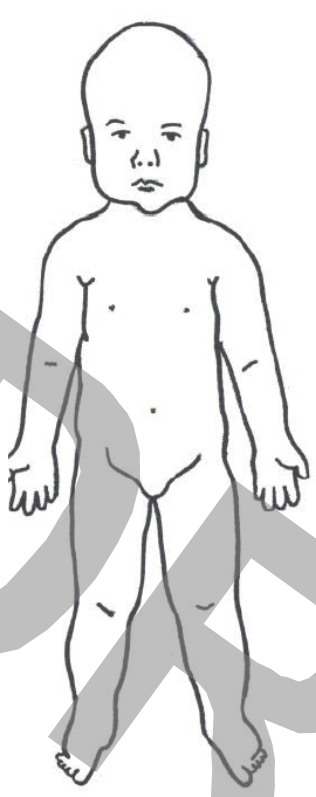
Where/How

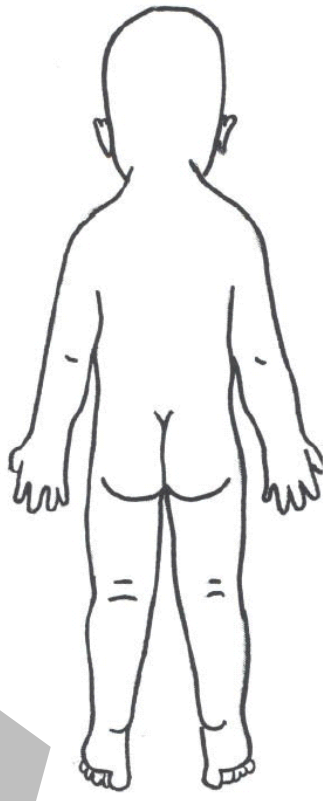
R. BODY DIAGRAM

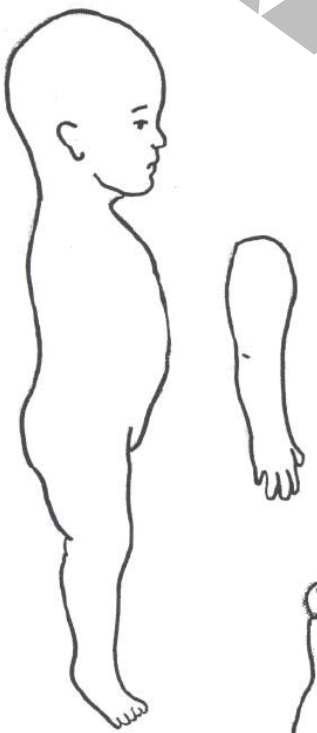
Infant's last name

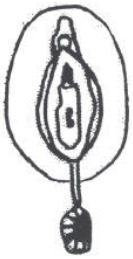
First name

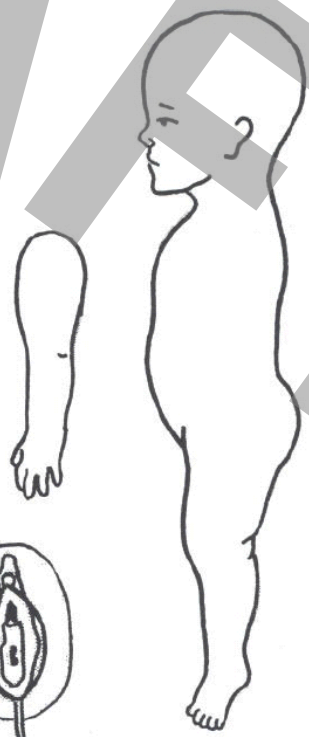
1 **Draw lividity patterns, and/or other marks on the diagrams:**











Section completed on ☐☐/☐☐/☐☐☐☐ at ☐☐:☐☐ by

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S. INFORMANT CONTACT

Infant's last name

First name

1 **For each informant interviewed, please obtain the following information:**
(*informant 1 and 2***)**

Please answer the following questions for informants 1 and 2	Informant 1	Informant 2
a) Name of person	First name / Last name	First name / Last name
b) Maiden name (*if applicable*)		
c) Relationship to infant		
Address of informant		
d) Street		
e) City		
f) State, ZIP		
g) Phone number	( )	( )
h) E-mail		

2 **For each informant interviewed, please obtain the following information:**
(*informant 3 and 4***)**

☐ No more informants

Please answer the following questions for informants 3 and 4	Informant 3	Informant 4
a) Name of person	First name / Last name	First name / Last name
b) Maiden name (*if applicable*)		
c) Relationship to infant		
Address of informant		
d) Street		
e) City		
f) State, ZIP		
g) Phone number	( )	( )
h) E-mail		

3 **For each informant interviewed, please obtain the following information:**
(*informant 5 and 6***)**

☐ No more informants

Please answer the following questions for informants 5 and 6	Informant 5	Informant 6
a) Name of person	First name / Last name	First name / Last name
b) Maiden name (*if applicable*)		
c) Relationship to infant		
Address of informant		
d) Street		
e) City		
f) State, ZIP		
g) Phone number	( )	( )
h) E-mail		

If more than 6 informants interviewed use additional page

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T. POLICE AND SERVICE ENCOUNTERS

Infant's last name

First name

Law enforcement uses this form to interview police and social services to conduct a background check of all people in contact with the infant in the 24 hours prior to his/her death. Fill this section out for each person in contact with the infant in the 24 hours prior to death (see "Contact History" section). Get information from asking caregiver, checking records with child protective services and police.

1 What is the name of the person being investigated?

First name Last name

2 What is this person's relationship to deceased infant?

3 Has the person being investigated ever had contact(s) with police?

☐ Yes ☐ No ⟶ Skip to question **6** below

4 Total number of contacts with police:

number of contacts

5 Please, list up to three *most recent* contacts with police:

	Date contacted	Reason for contact	Outcome
1)	Month / Day / Year		
2)	Month / Day / Year		
3)	Month / Day / Year		

6 Has the person being investigated ever had contact(s) with social services? (*e.g. Child Protective Services*)

☐ Yes ☐ No ⟶ STOP

7 Total number of contacts with social services:

number of contacts

8 Please, list up to two most recent contacts with social services:

	Date first contacted	Date last contacted	Case worker	Reason for contact	Outcome
1)	Month / Day / Year	Month / Day / Year	Name Agency		
2)	Month / Day / Year	Month / Day / Year	Name Agency		

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The purpose of this section is to allot space to document all items recovered from the site of the incident or death scene

U. MATERIALS COLLECTED LOG

Infant's last name

First name

1 **Please describe all items recovered from the site of the incident or death scene:**

	Item	Evidence #	Description	Disposition	Name of person collecting
1)	Baby bottles				
2)	Pacifier				
3)	Formula				
4)	Bedding				
5)	Infant diaper				
6)	Clothing				
7)	Apnea monitor				
8)	Infant sleep surface				
9)	Medicines (*include home remedies*)				
10)					
11)					
12)					
13)					
14)					
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35)					

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1 **Please provide a full summary of the findings of the investigation. Check the points that are included in the narrative and indicate what sections in the investigation form specific details about these points can be found.**

- ☐ Any unusual findings
- ☐ Any alerts to the pathologist from investigators and/or caregivers
- ☐ Any religious, cultural or ethnic beliefs or practices
- ☐ Any indication of unnatural causes pertinent to the infant's death
- ☐ Any concerns, issues, questions
- ☐ Any suspicions with supporting information
- ☐ Any obvious traumatic or external cause of death
- ☐ Any preliminary information suggestive of trauma or external cause
- ☐ Any preliminary information that death resulted solely from natural causes other than SIDS

2 **Name, agency, address and phone number of pathologist:**

First name Last name

Phone: ( ) - ext.

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Contact history supplemental page

J1-S_. CONTACT HISTORY
Infant's last name
First name

1 **Identify all persons who were in contact with the infant in the 24 hours prior to the infant's death: (***in contact means being the same room with the infant or living in/ staying in/ visiting the infant's primary residence***)**

Please answer the following questions for up to four persons, who were in contact with the infant	Person	Person	Person	Person
a) First name of person				
b) Last name of person				
c) Maiden name (*if applicable*)				
d) Relationship to infant				
Most recent home address				
e) Street				
f) City				
g) State				
h) Age (*years or months if <2 years*)				
i) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
j) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
k) Approximate time of last contact with the infant	: Military time	: Military time	: Military time	: Military time
l) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
m) For those persons who are less than 18 years old, please describe their general health:	☐ Not applicable	☐ Not applicable	☐ Not applicable	☐ Not applicable
n) For persons biologically related to the infant (*d above*) are there any known conditions that run in the family?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
o) Has this person experienced the death of any of their own children or of any other children while in their care?	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
I) Child's name				
II) Relationship to caregiver				
III) Date of death	Month / Day / Year	Month / Day / Year	Month / Day / Year	Month / Day / Year
IV) Child's age at death (*years or months if <2 years*)				
V) Cause of death				
VI) Place of death (*city, state*)				

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Contact history supplemental page

1 Identify any children in daycare who were sick and were in contact or close proximity to the infant in the 24 hours prior to the death:

Please answer the following questions for up to four children, who were in contact with the infant	Child	Child	Child	Child
a) First name of child				
b) Last name of child				
c) Age (*years or months if <2 years*)				
d) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
e) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
f) Approximate time of last contact with the infant	Military time	Military time	Military time	Military time
g) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
h) Pease describe their general health:				
i) Any unusual conditions for this child? (*if "Yes" describe the conditions below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes